FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|--|----------------------------|------------------|---------------|------------------------------|---|--------------------------|--|
| | Spearman, Patricia, , , | | a al. if = -1-1: | · | | 0 Condidate!- FFC!! | ntification Number | |
| | (b) Address (number and street) 431 S 6th St | ☐ Check if address changed | | | | Candidate's FEC Identification Number H8NV04042 | | |
| | (c) City, State, and ZIP Code | | | | | | ew Amended | |
| | Las Vegas | | N۷ | 8910 | | , | N) OR (A) | |
| 4. | Party Affiliation | 5. Office Sough | nt | | 6. State & Distr | rict of Candidate | | |
| | DEMOCRATIC PARTY | House | | | INV | 04 | | |
| | DE | SIGNATION | OF PR | INCIPAL | CAMPAIGN | N COMMITTEE | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | Spearman for Cong | ress | | | | | | |
| | (b) Address (number and street) 431 S 6th St | | | | | | | |
| | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Las Vegas | | | | NV | 89101 | | |
| | DE | | | _ | THORIZED g Representative | COMMITTEES es) | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | |
| | NOTE: This designation should be f | iled with the prin | cipal campa | ign committ | ee. | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| | , , | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
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| _ | 1 00 v 1/2 · 4/2 - 4 1 /2 - | main and Al-i- Ot i | | 4bab+ 1 | many lemonestt | and haliafitie town | t and somethic | |
| | | minea this State | errient and to | ine pest of | пу кпошеаде а | and belief it is true, correc | а апи сотрієте. | |
| | gnature of Candidate | | | | | Date | | |
| Sp | pearman, Patricia, , , | | | [Elec | tronically Filed] | 01/02/2018 | | |
| NO | DTE: Submission of false, erroneous | or incomplete in | nformation m | nay subject t | he person signir | ng this Statement to pena | Ities of 2 U.S.C. §437g. | |
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FEC FORM 2 (REV. 02/2009)